



BISHOP BRADY HIGH SCHOOL

25 Columbus Ave Concord, NH 03301

Telephone: (603) 224-7419 Fax: (603) 228-6664

Email: admissions@bishopbrady.edu

INDIVIDUAL COURSE REGISTRATION AGREEMENT 2021-22

A non-refundable one-time fee of \$100 is due at time of registration.

Student's First Name	Middle Name	Last Name
Parent/Guardian Name: _____		
Address: _____	City: _____	State: _____ Zip: _____
Phone: Home _____	Work _____	Cell _____
Email: _____		
<i>Please note all students will be issued a BBHS email account to be used for all communication</i>		

COURSE SELECTION

Course 1 Title: _____ Course 1 Number: _____

Course 2 Title: _____ Course 2 Number: _____

Grade Level of Student: _____

TUITION PAYMENT

In consideration of the acceptance of this Registration Agreement by Bishop Brady High School, the undersigned parent/guardian agrees to pay \$1300 and the required \$100 registration fee. This form must be returned to the school by June 1, 2021 in order for Bishop Brady High School to complete your child's registration process for the 2021-22 school year.

Financial obligation to the school is for the full annual individual class fee. The school cannot refund tuition if your child is forced to withdraw during the academic year. The one-time registration fee of \$100 must accompany this form upon submission. The course fee of \$1300 is due by the first day of classes. The fees may be paid by check or cash.

Students contracting for individual courses are expected to be in the building during dedicated class time only and must stay informed with regard to special bell schedules due to events. They will be expected to attend advisory on Friday if they are in the building at that time. Participation in NHIAA athletics is not allowed. Participation in co-curricular activities may be granted upon request.

Refund Policy: Students who officially withdraw from the course prior to the first day of classes will receive a 100% refund, less the non-refundable registration fee. Registration must be cancelled by the parent or guardian in writing. If registration is cancelled after the first day of classes, the parent or guardian responsible for the student is obligated to pay the full annual fee.

My/ Our signatures below affirm(s) that I/we have read, understood and accept the terms and conditions of this contract.

Signatures of Parent(s) or Guardian(s) Financially Responsible for Student: Date: _____

(1) _____ Address: _____

(2) _____ Address: _____

Student Signature: _____

Registration Fee Payment (select one; attach payment of \$100 to this form):

Check

Cash

Please return registration form to Bishop Brady School. A copy will be made and returned to you at a later date.